Division of Workers Compensation
KANSAS DEPARTMENT OF LABOR
800 S.W. Jackson Street, Suite 600, Topeka, KS 66612-1227
phone 785-296-3441 • fax 785-291-3430
www.dol.ks.gov

DO NOT WRITE IN THIS SPACE

SURVIVING SPOUSE, DEPENDENT OR HEIR APPLICATION FOR HEARING

Full Name of Deceased Employee_____

Social Security Number_____

Address at Time of Death_____

City _____ State_____ Zip_____

Name of Employer_____

Address_____

City _____ State_____ Zip_____

Insurance Carrier_____

ACCIDENTAL INJURY OR OCCUPATIONAL DISEASE

Date of accident or disease _____, _____ Hour _____ __.M. Date of death _____, _____.

How did accident occur? _____

_____

In what county did accident occur? _____ at or near (*city*)_____ (*state*)_____

If accident did not happen within state of Kansas, county where hearing could be most conveniently held? _____

SURVIVING SPOUSE, DEPENDENTS OR HEIRS

Name	Address	Age	Relationship

_____ Applicant's Printed Name

_____ Applicant's Signature

_____ Date

DO NOT WRITE IN THIS SPACE

Attorney for Applicant_____

Attorney's Printed Name_____

Address_____

_____

_____

Kansas Supreme Court Number_____

Federal Privacy Act Disclosure Section 7(a)(2)(B)

The mandatory requirement that social security numbers be included on forms filed with the Division of Workers Compensation is permitted by Section 7(a)(2)(B) of the Federal Privacy Act of 1974, since our regulations which require its disclosure were in existence before January 1, 1975. The number is used as a means of identifying all the various records in the Division of Workers Compensation pertaining to an individual.

The use of social security numbers is made necessary because of the large number of applicants who have similar names and birth dates, and whose identities can only be distinguished by the social security number.